

Name
in
Full

Mrs Helen J Bankard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Uniontown ^{County} Carroll MARYLANDDate of death 1909 ^{Month} November ^{Day} 23 ^{Age} 65 ^{Years} ^{Months} 2 ^{Days} 6

Sex Female Color or Race White Birthplace Uniontown

Occupation House Wife Where Residing If not at place of death

Married, Single or Widowed Married Name of Wife or Husband H. H. Bankard

Father's Name Ezekiah Gingles Father's Birthplace Carroll Co Md

Mother's Maiden Name Elizabeth M. Hoadough Mother's Birthplace Uniontown Md

Name of person giving Information Wm H. Bankard How related to deceased Husband

CAUSES OF DEATH

30

PHYSICIAN
OR CORONER

Primary Cardiac insufficiency, Tubercular Spine How long Several years

Immediate General debility How long Several months

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. H. Legg, M. D.

Address Union Bridge, Md.

Accident or Suicide No



Name
in
Full

Barbara A Baublitt

CERTIFICATE OF DEATH

Died at near Union Town

Carroll County

MARYLAND

Date of death 1909 Nov

Day 13

Age 64

Months

Days

Sex Female

Color or Race White

Birth-place Md

Occupation Housewife

Where Residing if not at place of death

Married, Single or Widowed Married

Name of Wife or Husband Jeremiah Baublitts

Father's Name George Iyer

Father's Birthplace Md

Mother's Maiden Name Rachel Iyer

Mother's Birthplace Md

Name of person giving information Emma R Ecker.

How related to deceased Niece

CAUSES OF DEATH

43

Primary Carcinoma of Breast One Year

Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above? Yes

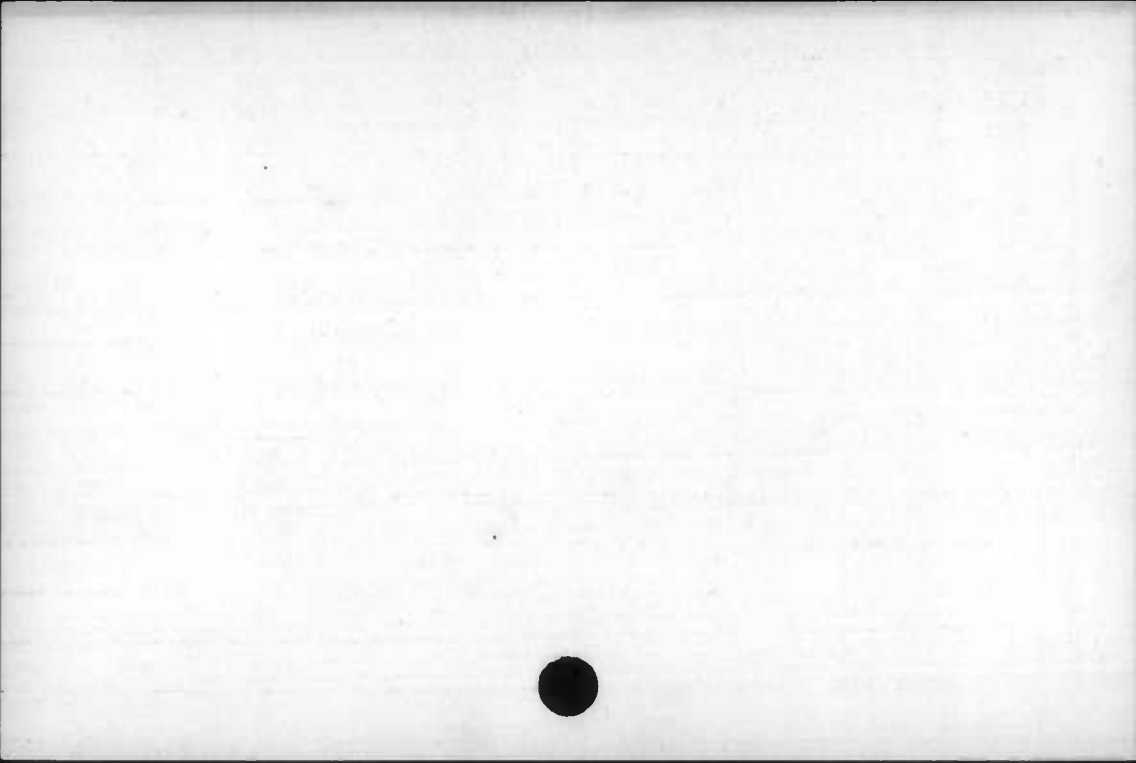
Signature of Physician

Address

Luther D Kemp
Uniontown Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Elizabeth Bien

CERTIFICATE OF DEATH

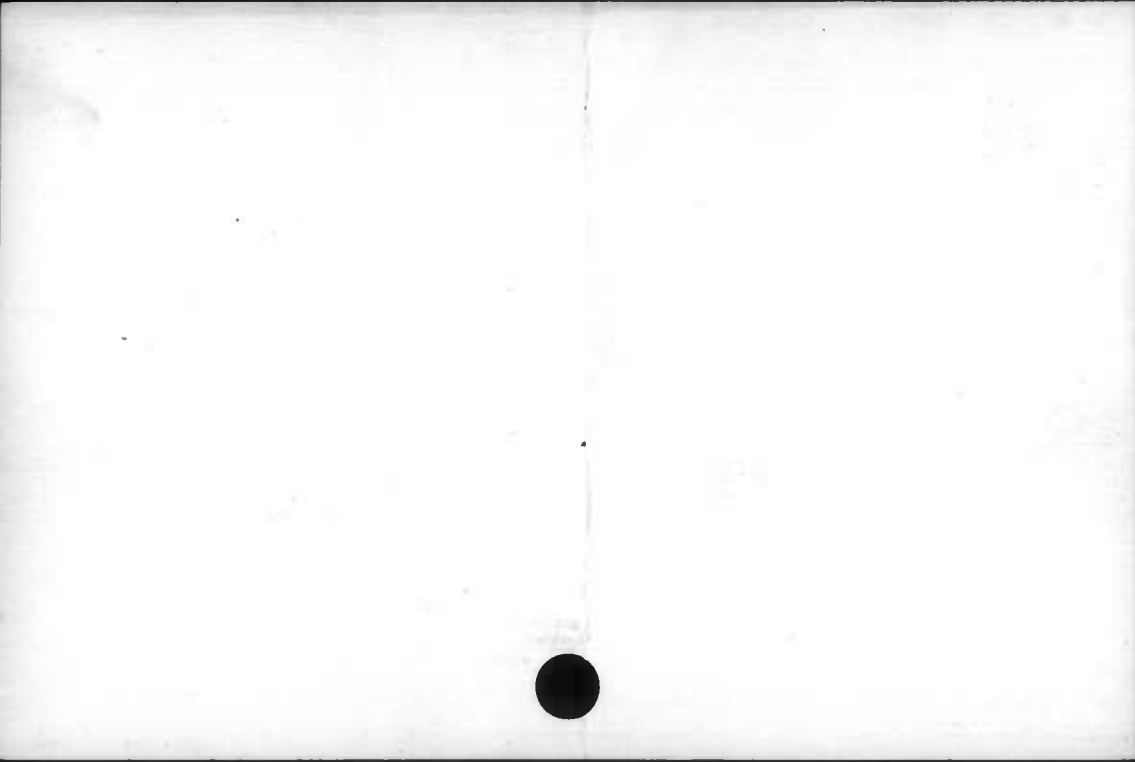
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ogkesville</i> Town		<i>Carroes</i> County		MARYLAND						
Date of death	1909	Month	Nov.	Day	20	Age	69	Years	Months	Days
Sex	Female		Color or Race	White		Birth-place	Md.			
Occupation	None		Where Residing if not at place of death		—					
Married, Single or Widowed	Widow		Name of Wife Husband	Unknown (Bien)						
Father's Name	Unknown st name (Messner)					Father's Birthplace	Unknown			
Mother's Maiden Name	Unknown					Mother's Birthplace	Unknown			
Name of person giving Information	Frederick B. Bone					How related to deceased	son-in-law			

CAUSES OF DEATH

Primary	<i>Senile Melancholia</i>	How long	<i>about one year</i>
Immediate	<i>Exhaustion from Acute Colitis</i>	How long	<i>17 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>John Norfolk Munn. M.D.</i>
		Address	<i>Springfield Hospital Ogkesville, Md</i>
Accident or Suicide	—		

PHYSICIAN
OR CORNER



Name
in
Full

Emeline Burton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

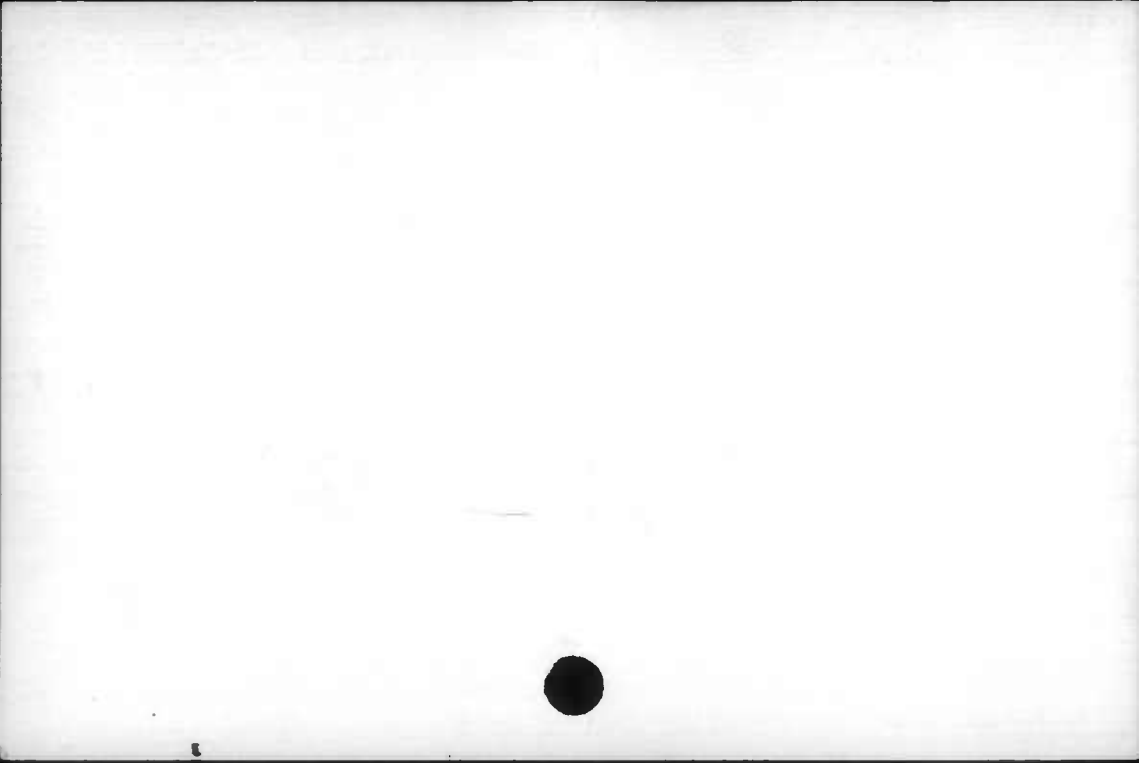
Died at <u>Sykesville</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND	
Date of death	1909	Month	Nov.	Day	2
Age	76	Years		Months	3
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Housewife	Where Residing if not at place of death <u>same</u>			
Married, Single or Widowed	Widow	Name of Wife Husband	Orlando A. Burton		
Father's Name	Jas. H. Curley	Father's Birthplace	Md.		
Mother's Maiden Name	Mary Eliza Hogg.	Mother's Birthplace	Md.		
Name of person giving Information	Mrs. Clara Peterson	How related to deceased	Sister		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Organic Heart Disease	How long	unknown
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	M D Morris
		Address	Eldersburg
Accident or Suicide	-		



Name
in
Full

Maggie Edith Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

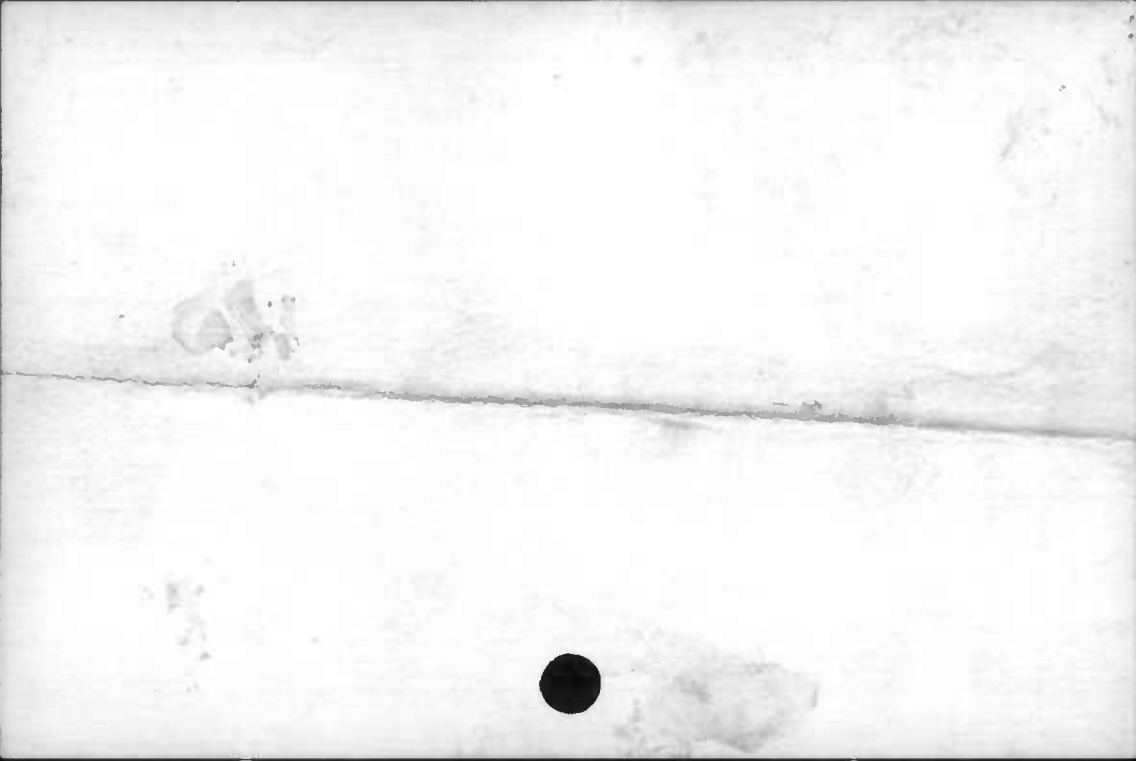
Died at ^{Town} <i>Eldersburg</i>		^{County} <i>Carroll</i>		MARYLAND	
Date of death	^{Month} <i>Nov</i>	^{Day} <i>20</i>	^{Age} <i>2</i>	^{Months} <i>8</i>	^{Days} <i>20</i>
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birth-place	<i>Carroll Co.</i>
Occupation	<i>none</i>		Where Residing if not at place of death <i>same</i>		
Married, Single or Widowed	<i>single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Grant Cook</i>			Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Emma Johnson</i>			Mother's Birthplace	<i>Ind</i>
Name of person giving Information	<i>Grant Cook</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	<i>acute nephritis</i>	How long	<i>4 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>M. D. Morris</i>
		Address	<i>Eldersburg</i>
Accident or Suicide	<i>no</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth Elmer

Town

County

Died at

Springfield State Hosp

Carroll

MARYLAND

Date

of death 1909 Nov.

Day

9

Age

Years

29

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Kentucky

Occupation

Child's Nurse

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Conrad Elmer

Father's
Birthplace

Germany

Mother's
Maiden Name

Elizabeth Borshek

Mother's
Birthplace

Germany

Name of person giving
Information

Emma Schroeder

How related
to deceased

Sister

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

4 weeks

Immediate

Exhaustion

How long

Progressive

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

S. H. Swartz

Address

Springfield State Hosp
Sykesville, Md.

Accident or Suicide

No.

PHYSICIAN
OR CORONER



Name
in
Full

Frederick Franklin Flohr

CERTIFICATE OF DEATH

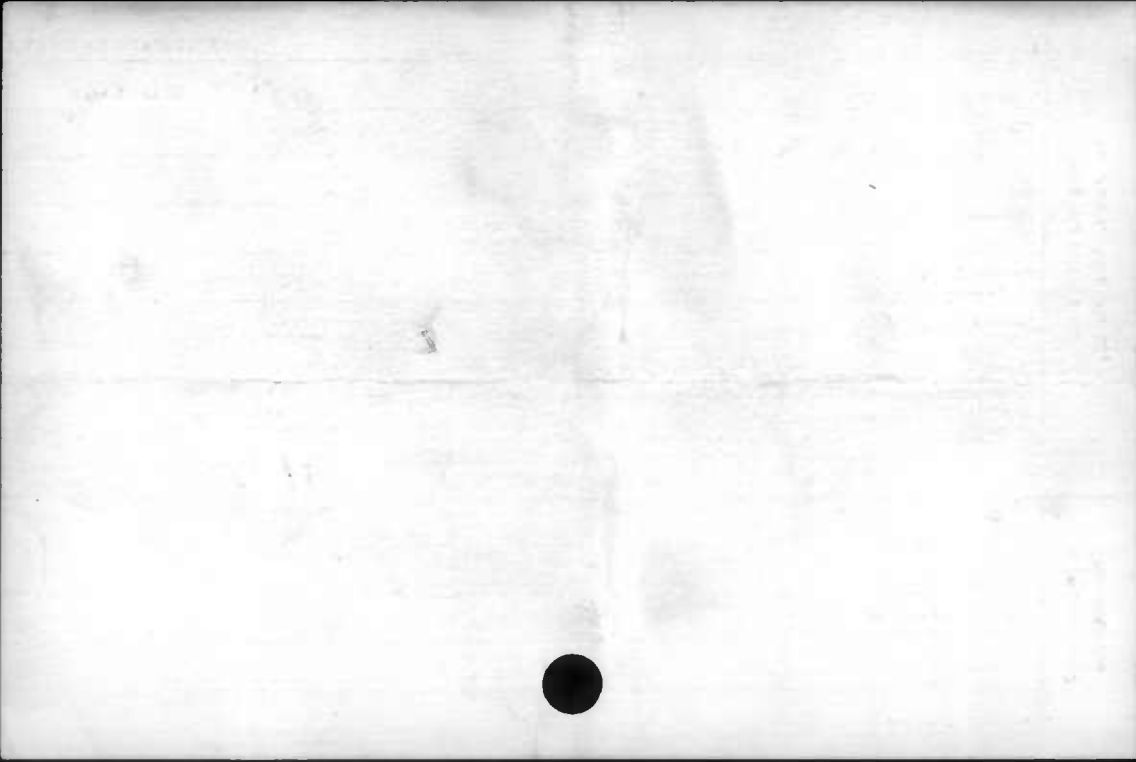
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Floratown</u> Town		<u>Carroll</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>Nov.</u>	Day <u>13</u>	Age <u> </u>	Months <u>3</u>	Days <u>19</u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Floratown Carroll Co</u>		
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u> </u>		Name of Wife or Husband <u> </u>			
Father's Name <u>B. S. Flohr</u>		Father's Birthplace <u>Frederick Co Md.</u>			
Mother's Maiden Name <u>Carrie A. Forable</u>		Mother's Birthplace <u>Carroll Co. Md.</u>			
Name of person giving Information <u>B. S. Flohr</u>		How related to deceased <u>Feather</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Convulsions and Brain Congestion</u>	How long <u>5 Days</u>
Immediate <u>Epilepsy</u>	How long <u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>D. B. Sprecher</u>
	Address <u>Sykesville Md</u>
Accident or Suicide <u> </u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Union Bridge</i>		Town <i>Union Bridge</i>		County <i>Carroll</i>		MARYLAND	
Date of death	190 <i>9</i>	Month	<i>11</i>	Day	<i>20</i>	Age	<i>—</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Union Bridge</i>
Occupation	<i>—</i>		Where Residing if not at place of death				
Married, Single or Widowed	<i>—</i>		Name of Wife or Husband				
Father's Name	<i>Jno W. Frogler</i>				Father's Birthplace	<i>Fennell Co</i>	
Mother's Maiden Name	<i>Ada Stull</i>				Mother's Birthplace	<i>Fennell Co</i>	
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>		How long	<i>8</i>
Immediate			How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>W. H. Brown</i>	
		Address	<i>Union Bridge</i>	
			<i>Carroll</i>	
Accident or Suicide				



Name

in
Full

David Frankenthal

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

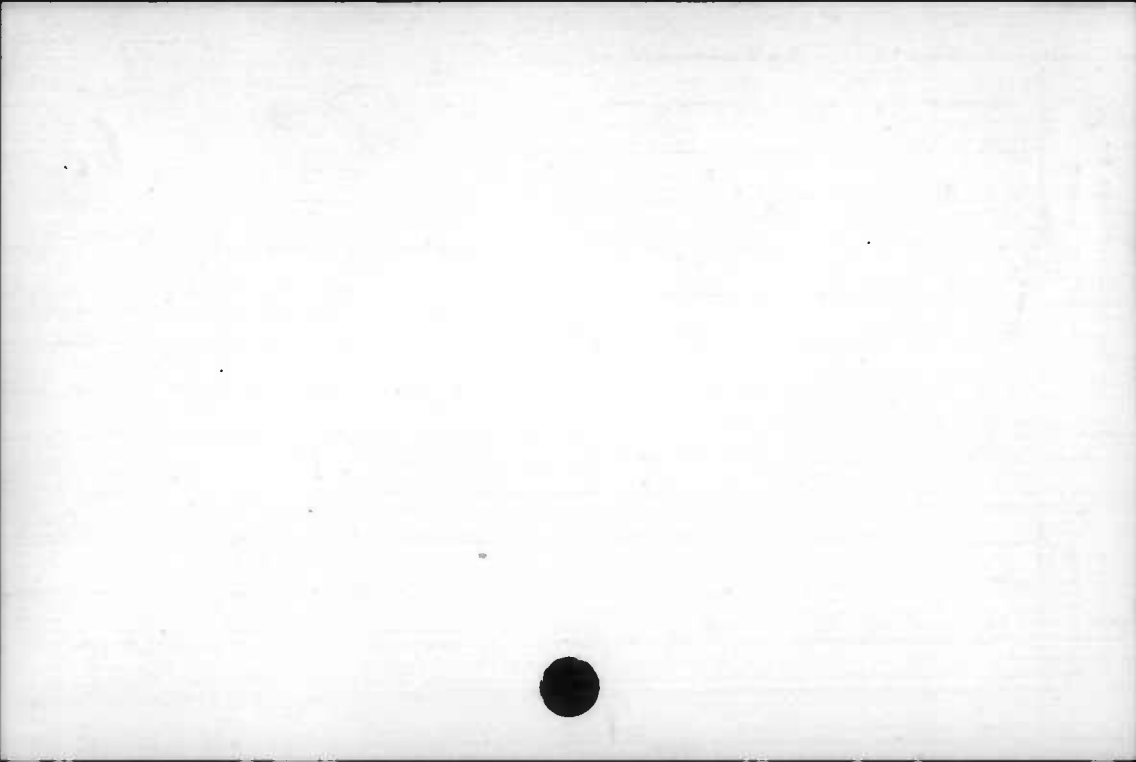
Died at <i>mt ainy</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1909	Month	Nov.	Day	24
Age		32		Months	
Sex	male		Color or Race	white	
Birth-place	North Carolina				
Occupation	Retired		Where Residing if not at place of death		
Married, Single or Widowed	single		Name of Wife or Husband		
Father's Name	John Frankenthal			Father's Birthplace	Germany
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	Mr Clark			How related to deceased	not related

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>		How long	<i>6 mos.</i>
Immediate	<i>asthenia</i>		How long	<i>1 month</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>W. E. Gane</i>
			Address	<i>mt ainy md</i>
Accident or Suicide?				



Name
in
Full

Carrie Belle Freeman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frizzelleburg</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	1909	Month	Nov	Day	26
Age	24	Years	10	Months	18
Sex	Female	Color or Race	White	Birth-place	Pennsylvania
Occupation	Seamstress		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Marble Freeman		Father's Birthplace Maryland		
Mother's Maiden Name	Laura E. Marshall		Mother's Birthplace Pennsylvania		
Name of person giving Information	Mrs Jno Sell		How related to deceased Aunt		

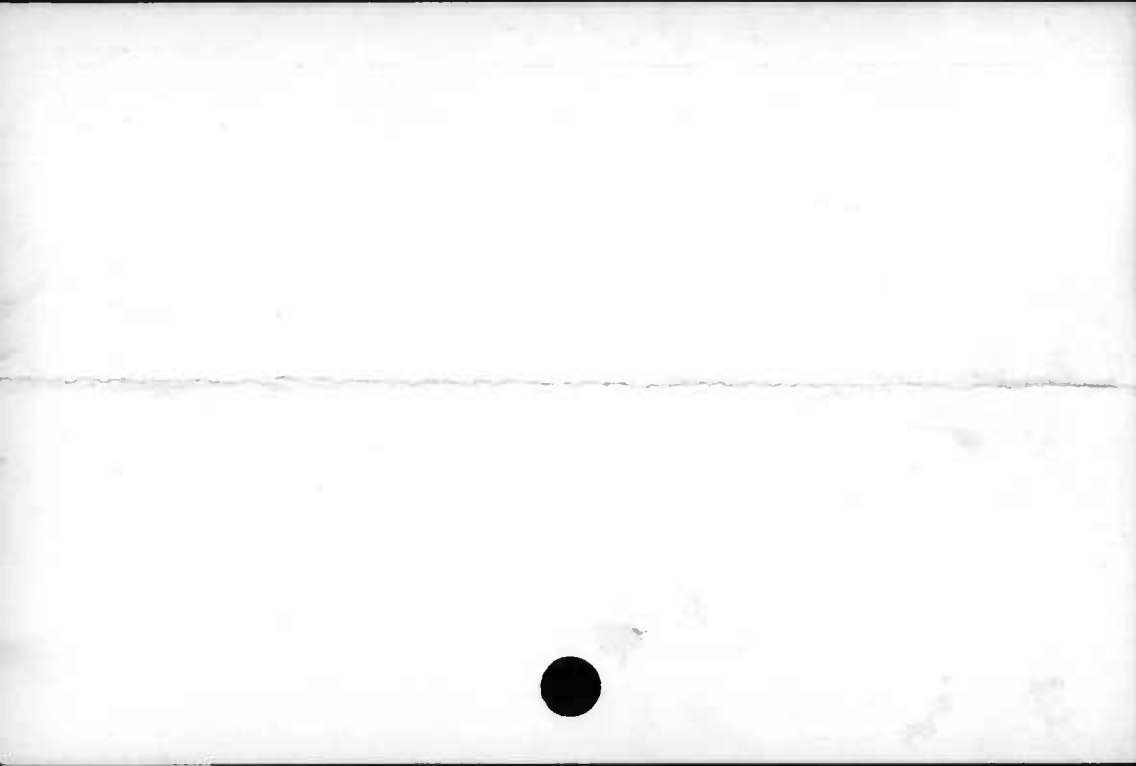
CAUSES OF DEATH

90

V

PHYSICIAN
OR CORONER

Primary	<i>Consequential Heart Disease</i>		How long	<i>24 yrs.</i>
Immediate	<i>Acute Bronchitis</i>		How long	<i>Two days</i>
Are the name, age, sex, color, date and place correctly given above?		Yes.		
Signature of Physician		<i>Lucas Stump</i>		
Address		<i>Uniontown Ind</i>		
Accident or Suicida				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Tyrone</i>		County <i>Barroll</i>		MARYLAND	
Date of death	1909	Month <i>Nov.</i>	Day <i>13</i>	Age	Years <i>66</i>	Months	Days
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth- place	<i>Irid.</i>
Occupation	<i>Farmer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband	<i>Margaret T. T. T.</i>			
Father's Name	<i>Mordecai T. T. T.</i>				Father's Birthplace	<i>Irid.</i>	
Mother's Maiden Name	<i>Margaret T. T. T.</i>				Mother's Birthplace	<i>Germany</i>	
Name of person giving In formation	<i>Chas. T. T. T.</i>				How related to deceased	<i>Son</i>	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Calculus of the gall bladder</i>		How long	<i>Unknown</i>
Immediate	<i>Asphyxiation</i>		How long	<i>Several days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		
Signature of Physician		<i>Luther Kemp</i>		
Address		<i>Hamorton Ark</i>		
Accident or Suicide?				

Blessed in much of God
blessing.

Name
in
Full

William H Garner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

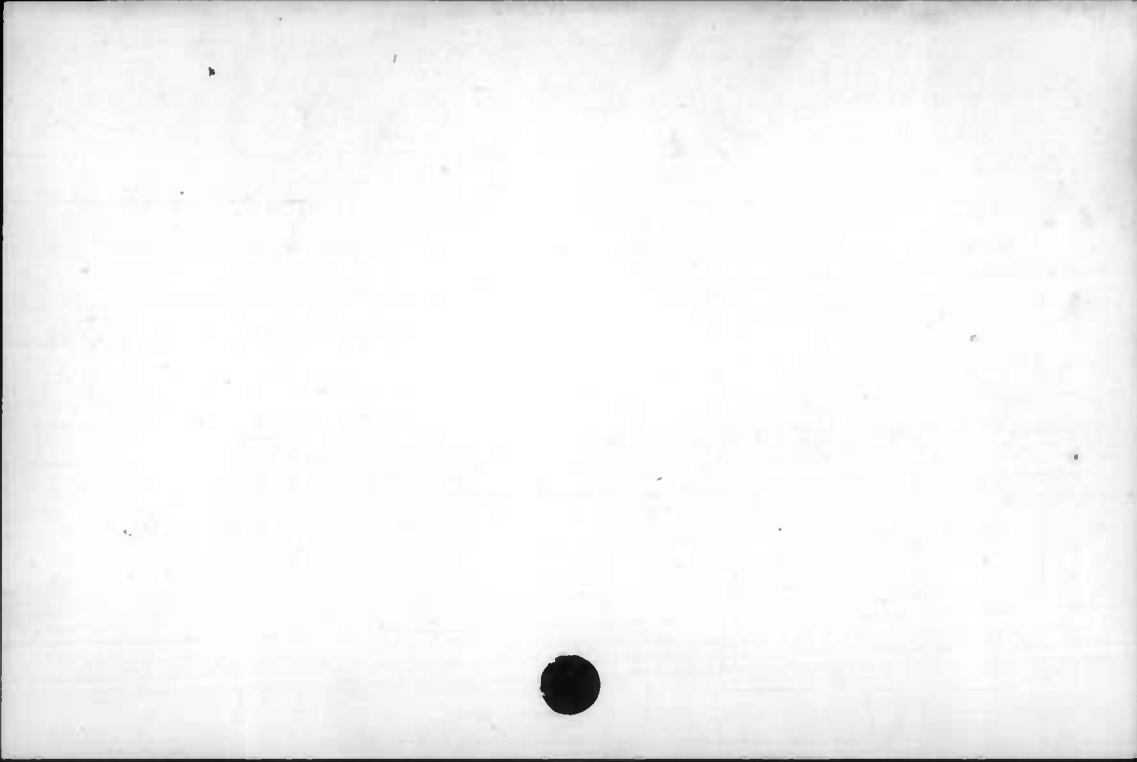
Died at <i>Near Taneystown</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1909	Month	Nov	Day	28
Age	78	Years		Months	1
Sex	Male	Color or Race	White	Birth-place	Carroll Co Md
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Margareth E Garner		
Father's Name	John Garner		Father's Birthplace	Md	
Mother's Maiden Name	Elizabeth Kiner		Mother's Birthplace	Md	
Name of person giving In formation	D W Garner		How related to deceased	Sons	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Old age	How long	Unknown
Immediate	Ischemic Mitral Valve	How long	Unknown
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Le Birnie
		Address	Taneytown Md
Accident or Suicide?			



Name
in
Full

Milton K Haines

CERTIFICATE OF DEATH

Died at Gambier ^{Town} Carroll ^{County} **MARYLAND**

Date of death 1909 Nov ^{Month} 26 ^{Day} Age 30 ^{Years} 8 ^{Months} 15 ^{Days}

Sex Female Color or Race White Birth-place Meadowbranch

Occupation Laborer Where Residing if not at place of death at Place of Death

Married, Single or Widowed Single Name of Wife or Husband X

Father's Name Wm H Haines Father's Birthplace Don't know

Mother's Maiden Name Rebecca A Hampler Mother's Birthplace Don't know

Name of person giving Information Wm Burk How related to deceased Not Related

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

27

Primary Consumption How long 9 months

Immediate Don't know How long

Are the name, age, sex, color, data and place correctly given above?

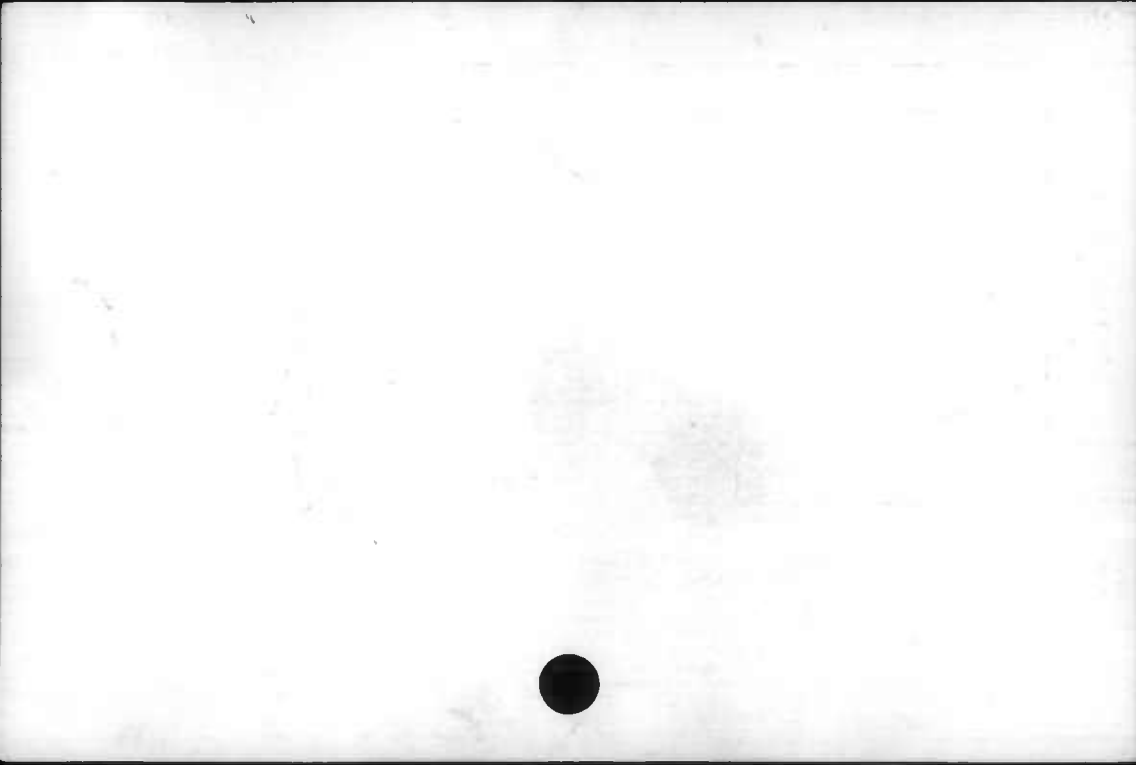
Signature of Physician

Address

R. H. Hells
Gambier

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John W. Hantke</i>		Town <i>Int Aring</i>		County <i>Carroll</i>		MARYLAND	
Died <i>near</i>		Month <i>Two.</i>		Day <i>12</i>		Years <i>24</i>	
Date of death <i>1909</i>		Month <i>Two.</i>		Day <i>12</i>		Age <i>24</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Occupation <i>Salesman</i>		Where Residing if not at place of death <i>916 Asquith St Balto</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Charles Hantke</i>		Father's Birthplace <i>Phila Delphin</i>					
Mother's Maiden Name <i>Mary Wiesner</i>		Mother's Birthplace <i>Balto</i>					
Name of person giving Information <i>Charles Hantke</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>5 mos.</i>
Immediate	<i>Asthma</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician	<i>W. E. Haver</i>
		Address	<i>Int Aring Md</i>
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

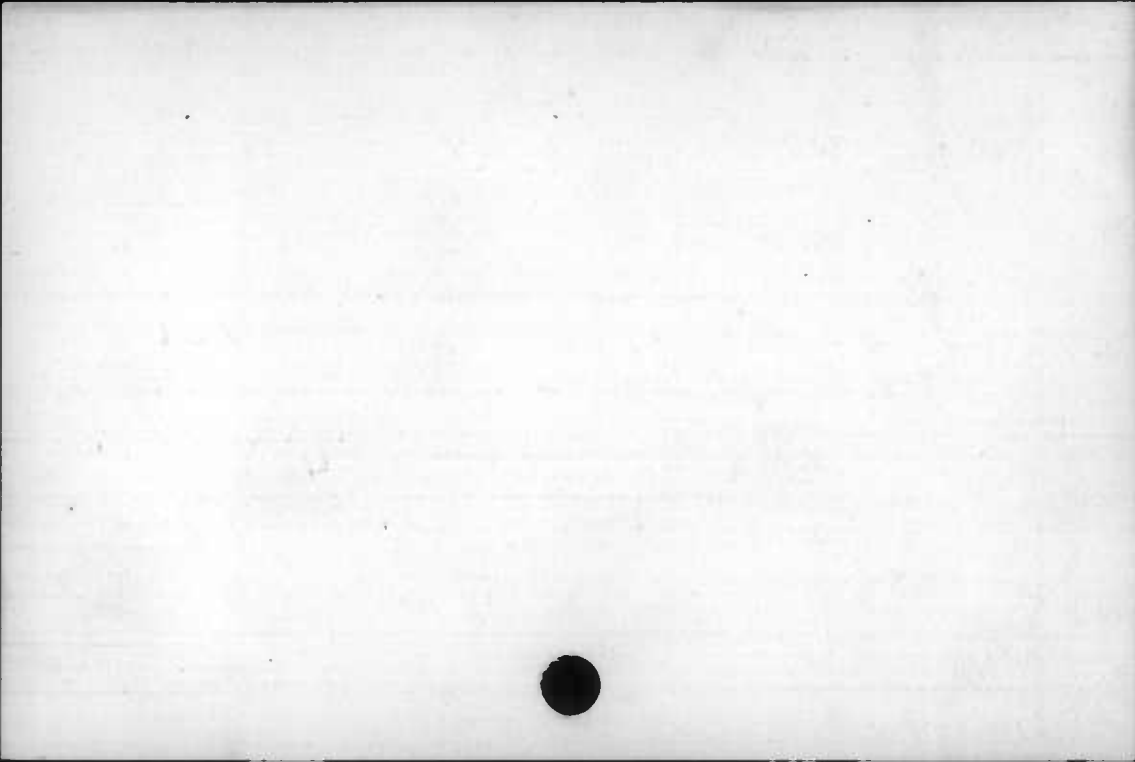
Died at <i>Bark Hill</i>		Town <i>Hill</i>		County <i>Marshall</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Nov</i>	Day <i>5-</i>	Age <i>69</i>	Years	Months <i>11</i>	Days <i>28</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Bark Hill</i>				
Occupation <i>House wife</i>	Where Residing if not at place of death <i>Bark Hill</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Abraham Harris</i>						
Father's Name <i>Isaac Rowe</i>	Father's Birthplace <i>Ind</i>						
Mother's Maiden Name <i>Nancy Wilson</i>	Mother's Birthplace <i>Ind</i>						
Name of person giving information <i>Effie Harris</i>	How related to deceased <i>Daughter</i>						

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of Breast</i>	How long <i>2 years</i>
Immediate <i>Aplexy</i>	How long <i>2 wks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Leetion Stump</i>
	Address <i>Uniontown Ind.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs. Maigant R. Harrison
 Died at Woodbury Canoll County

MARYLAND

Date of death 1909 Nov. 19 Age 74 Months 1 Days 25
 Sex Female Color of Race White Birth-place Fredensb. Co.

Occupation General house work Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband John Harrison

Father's Name Adam Gosnell Father's Birthplace Fredensb. Co.

Mother's Maiden Name Elizabeth Gillis Mother's Birthplace Woodbury

Name of person giving Information Mrs Perry F. L. Lianey How related to deceased Daughter

CAUSES OF DEATH

27

Primary Phthisis Pulmonalis How long 20 yrs.
General debility How long 6 months

Immediate
 Are the name, age, sex, color, date and place correctly given above?

yes

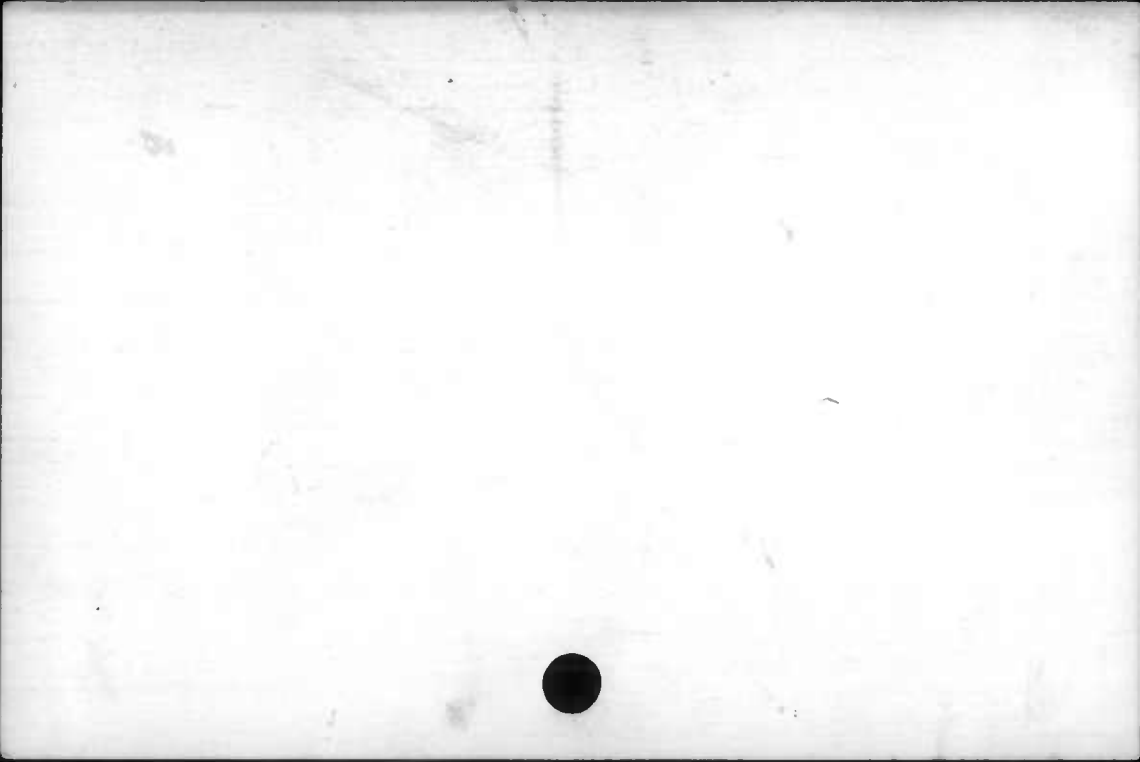
Signature of Physician

Address

E D Crook
Winfield
Canoll Co.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

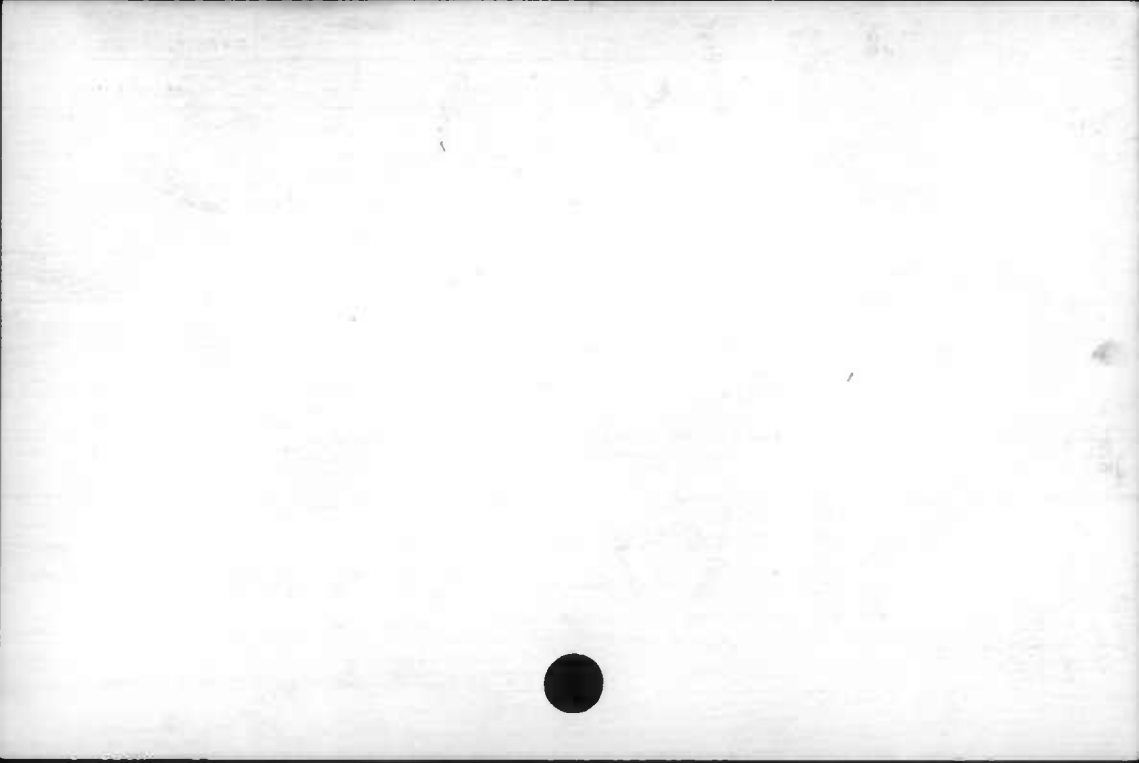
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Francis L Hering		Town Frankburg		County Carroll		State MARYLAND	
Died at Frankburg		Month Nov		Day 16		Age 74	
Date of death 1909		Month Nov		Day 16		Age 74	
Sex Male		Color or Race White		Birthplace Maryland		Months 9	
Occupation Miller		Where Residing if not at place of death —		Days 12			
Married, Single or Widowed Married		Name of Wife or Husband Amanda Allgire		Father's Name Daniel Hering		Father's Birthplace Maryland	
Mother's Maiden Name Margaret Orr		Name of person giving Information Amanda Hering		Mother's Birthplace Id.		How related to deceased Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis	How long about 2 yrs
Immediate Exhaustion	How long 2 weeks
Are the name, age, sex, color, data and place correctly given above? Yes	Signature of Physician Chas R Font
	Address Westminster Md.
Accident or Suicide —	



Name
in
Full

CERTIFICATE OF DEATH

Andrew J. Houck

MARYLAND

Died at ^{Town} Hampstead ^{County} CarrollDate of death 1909 ^{Month} 11 ^{Day} 30 ^{Age} 65 ^{Months} 11 ^{Days} 12Sex Male ^{Color or Race} white ^{Birth-place} Carroll CoOccupation Notary Public ^{Where Residing if not at place of death}Married, Single or Widowed Married ^{Name of Wife or Husband} Sarah HouckFather's Name David W Houck ^{Father's Birthplace} Carroll CoMother's Maiden Name Rachel Algire ^{Mother's Birthplace} " "Name of person giving Information Sarah Houck ^{How related to deceased} Wife

CAUSES OF DEATH

Primary Chronic Brights ^{How long} 6 mosImmediate General Debility ^{How long} —

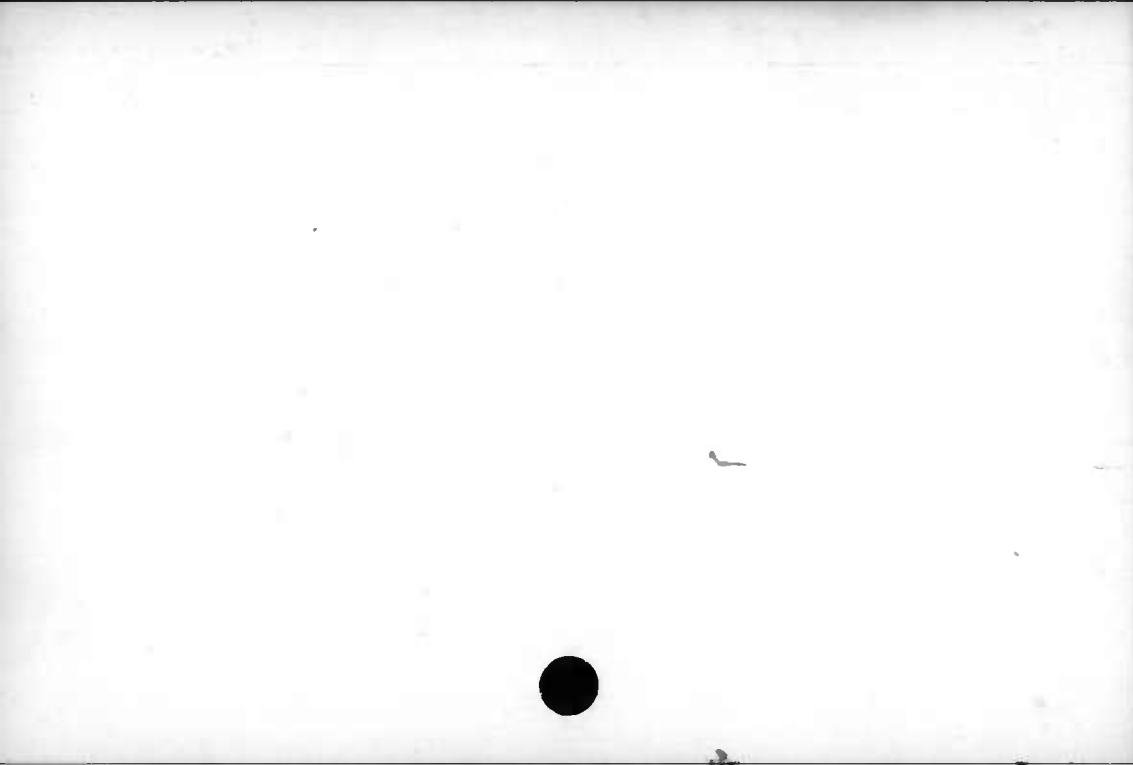
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J H Preston M.D.

Address Hampstead Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

David F Kephart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

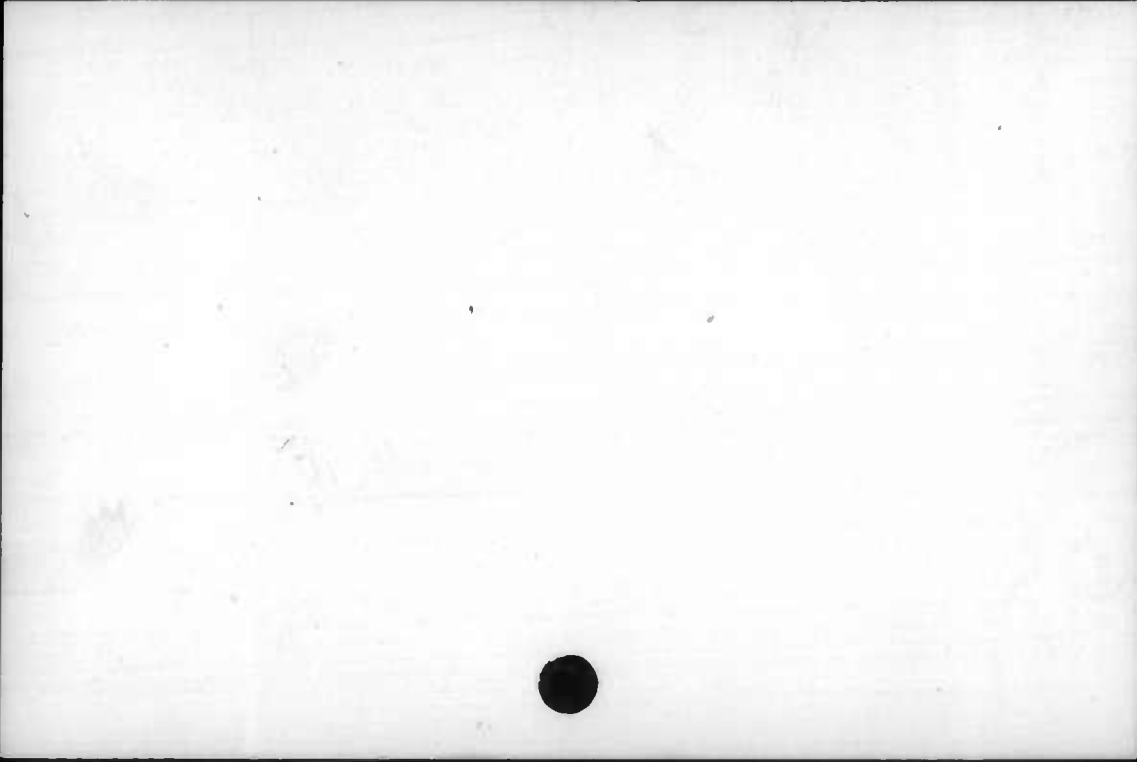
Died at <i>Taneytown</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	<i>1909</i> ^{Month}	<i>Nov</i> ^{Day}	<i>21</i> ^{Age}	<i>69</i> ^{Years}	<i>9</i> ^{Months}
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Farmer</i>		Birth-place <i>Carroll to Ind</i>		
Where Residing if not at place of death					
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Sophia Kephart</i>	
Father's Name	<i>David Kephart</i>			Father's Birthplace	<i>Carroll to Ind</i>
Mother's Maiden Name	<i>Susan Teyun</i>			Mother's Birthplace	<i>" " "</i>
Name of person giving information	<i>Charles Kephart</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<i>Grip + sequele</i>	How long	<i>2 yrs</i>
Immediate	<i>untimour</i>	How long	<i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>L. Boring</i>
		Address	<i>Taneytown</i>
			<i>Mo</i>
Accident or Suicide?			



Name
in
Full

Below A. Hoons

CERTIFICATE OF DEATH

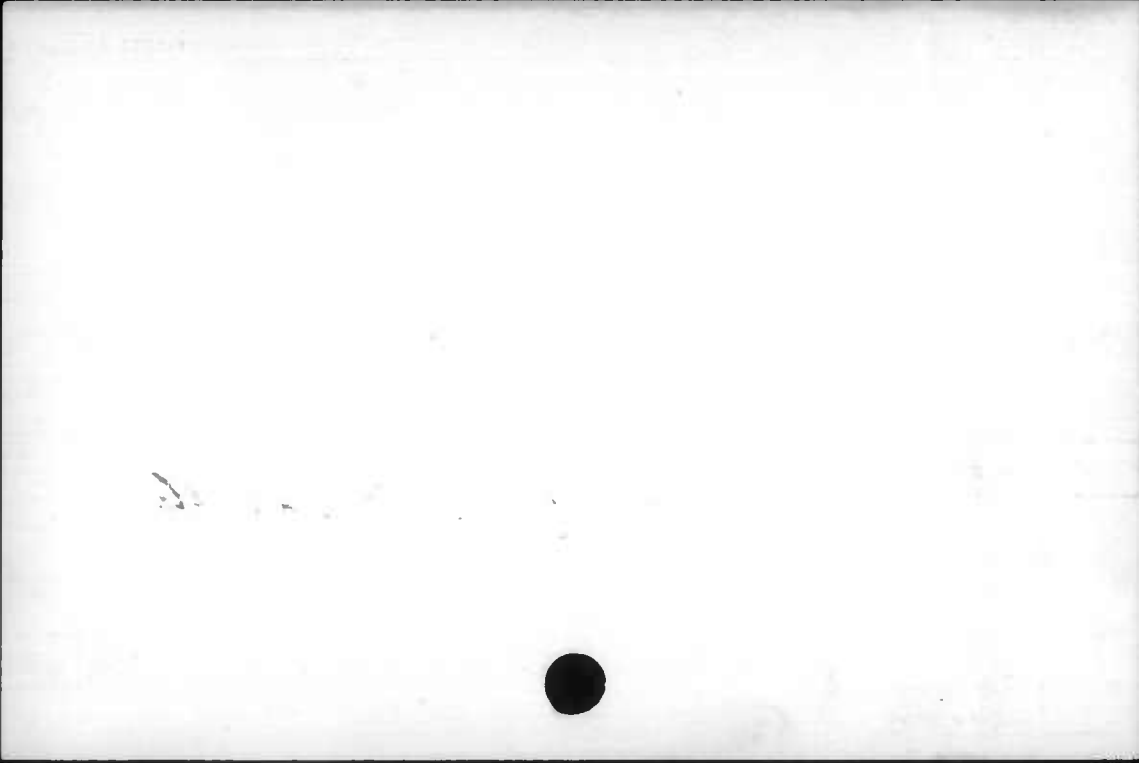
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Town</u> <i>Detroit</i>		<u>County</u> <i>Carroll</i>		MARYLAND	
Date of death	190 <u>9</u> <u>Nov.</u>	Day <u>11</u>	Age <u>16</u>	Months <u>8</u>	Days <u>17</u>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Ladysburg, Md</i>
Occupation	<i>none - (Invalid)</i>				
Where Reaiding if not at place of death	<i>—</i>				
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Peter D. Hoons</i>			Father's Birthplace	<i>Middleburg, Md.</i>
Mother's Maiden Name	<i>Alice P. Birley</i>			Mother's Birthplace	<i>Ladysburg.</i>
Name of person giving Information	<i>P. D. Hoons</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Epileptic Spasms - Cause myelitis</i>	How long	<i>15 yrs. 6 mos</i>
Immediate	<i>Convulsive</i>	How long	<i>6 hours.</i>
Are the name, age, sex, color, data and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Chas. H. Miller.</i>
		Address	<i>Detroit, Md.</i>
Accident or Suicide	<i>No</i>		



Name
in
Full

Mary Idella Lease

536

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Westminster ^{Town} Carroll ^{County} **MARYLAND**

Date of death 190 9 ^{Month} Nov ^{Day} 5 Age 23 ^{Years} 9 ^{Months} 24 ^{Days}

Sex Female Color or Race White Birth-place Maryland

Occupation Housekeeper Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband Edmund Lease

Father's Name James M. Hahn Father's Birthplace Maryland

Mother's Maiden Name Mary Elizabeth Hilbert Mother's Birthplace Maryland

Name of person giving Information James M. Hahn How related to deceased Father

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis How long 1 1/2 years

Immediate " Hemorrhage How long 1 1/2 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

L. H. Woodward

Address

Westminster Md.

Accident or Suicide

No

PHYSICIAN
OR CORONER

St Johns + Leisters cemetery,
Stones

Name
in
Full

George Henry Long

538

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Westminster* Town *Carroll* County **MARYLAND**Date of death 1909 *Nov* Month *16* Day Age *51* Years Months *—* Days *5*Sex *Male* Color or Race *White* Birthplace *Maryland*Occupation *House Painter* Where Residing if not at place of death *—*Married, Single or Widowed *Married* Name of Wife or Husband *Gertrude Baukard*Father's Name *Abraham Long* Father's Birthplace *Maryland*Mother's Maiden Name *Anna R Lantz* Mother's Birthplace *Ida*Name of person giving Information *Gertrude Long* How related to deceased *Wife*

CAUSES OF DEATH

63

PHYSICIAN
OR CORONERPrimary *Lateral Sclerosis*How long *10 months*Immediate *Paralysis*

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John J. Stewart
Westminster Md

Accident or Suicide

Kriders

Shaver

Name
in
Full

Samuel K. Markel ✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lineboro</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND	
Date of death	<u>1909</u> <small>Year</small>	<u>Nov</u> <small>Month</small>	<u>25</u> <small>Day</small>	Age <u>70</u> <small>Years</small>	<u>1</u> <small>Months</small> <u>22</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Shrubsburg Pa</u>			
Occupation <u>Hotel Proprietor</u>	Where Residing if not at place of death <u>Lineboro Md.</u>				
Married, Single <u>Single</u>	Name of Wife or Husband <u>Lydia N. Markel</u>				
Father's Name <u>Henry Markel</u>	Father's Birthplace <u>Shrubsburg Pa.</u>				
Mother's Maiden Name <u>Catharine Kunkle</u>	Mother's Birthplace <u>Shrubsburg Pa.</u>				
Name of person giving information <u>Lydia N. Markel</u>	How related to deceased <u>wife</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cancer with Ulcer of Stomach</u>	How long <u>two years</u>
Immediate <u>Hematemesis</u>	How long <u>4 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>T. Howard Wertz M.D.</u>
	Address <u>Lineboro. Md.</u>
Accident or Suicide?	



Name
in
Full

Arund Matthias

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

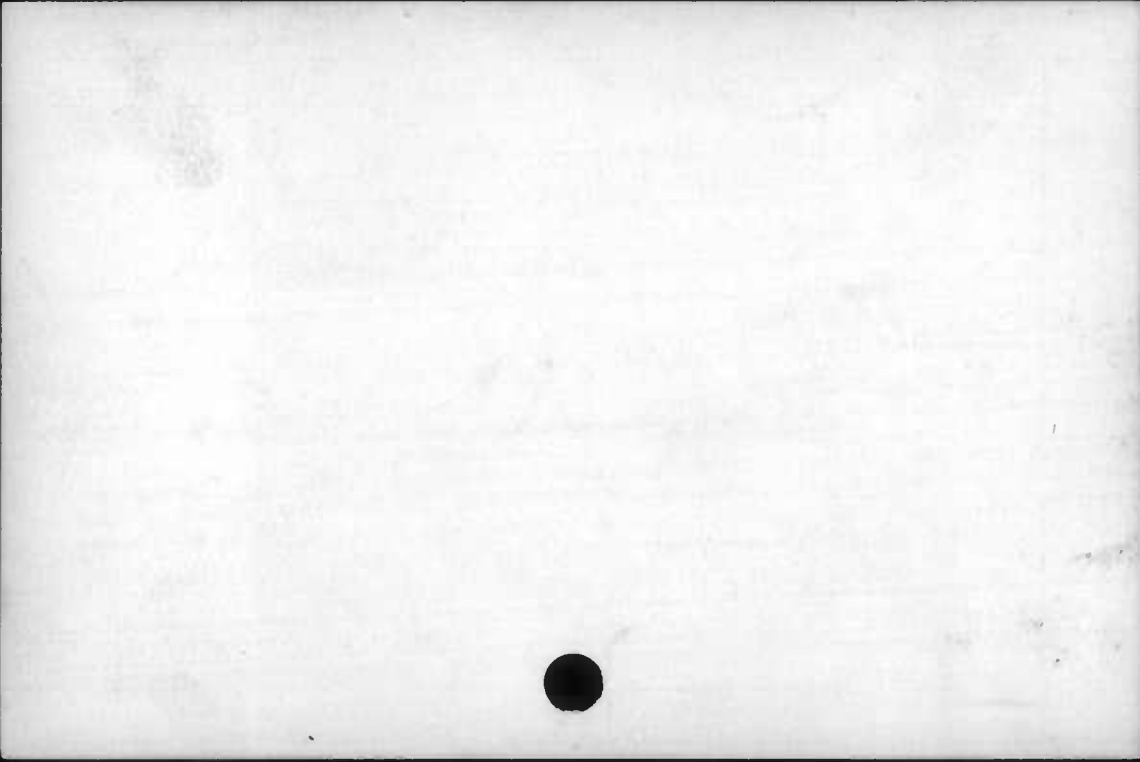
Died at <u>Luzon</u>		Town <u>District</u>		County <u>Carroll</u>		MARYLAND	
Date of death <u>1909</u>		Month <u>November</u>	Day <u>11</u>	Age <u>88</u>	Years <u>1</u>	Months <u>4</u>	Days <u>6</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Pennsylvania</u>			
Occupation <u>None</u>		Where Residing if not at place of death <u>at home</u>					
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>Edward Matthias</u>					
Father's Name <u>Daniel Buengardner</u>		Father's Birthplace <u>Unnan</u>					
Mother's Maiden Name <u>Margaret Haritor</u>		Mother's Birthplace <u>Pennsylvania</u>					
Name of person giving information <u>Edward Charles Matthias</u>		How related to deceased <u>Son</u>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<u>Senile Pneumonia</u>	How long	<u>Two weeks</u>
Immediate	<u>Same</u>	How long	<u>..</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>H. S. Crouse</u>	
<u>yes</u>		Address <u>Sittletown</u>	
Accident or Suicide? <u>—</u>			



Name
in
Full

Mary Magdalene Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Millers Md ^{Town} Carroll ^{County} **MARYLAND**

Date of death 1909 Nov ^{Month} 11 ^{Day} Age 92 ^{Years} 5 ^{Months} 13 ^{Days}

Sex woman Color or Race white Birthplace Pa York co

Occupation Retired Where Residing if not at place of death Millers

Married, Single Yes ~~Widowed~~ Name of Wife or Husband Mary Magdalene Miller

Father's Name John Bricken Father's Birthplace York co

Mother's Maiden Name Warner Mother's Birthplace Pa

Name of person giving Information David L Brown How related to deceased Son-in-law

CAUSES OF DEATH

Primary Apoplexy 8 days 64 How long Apoplexy

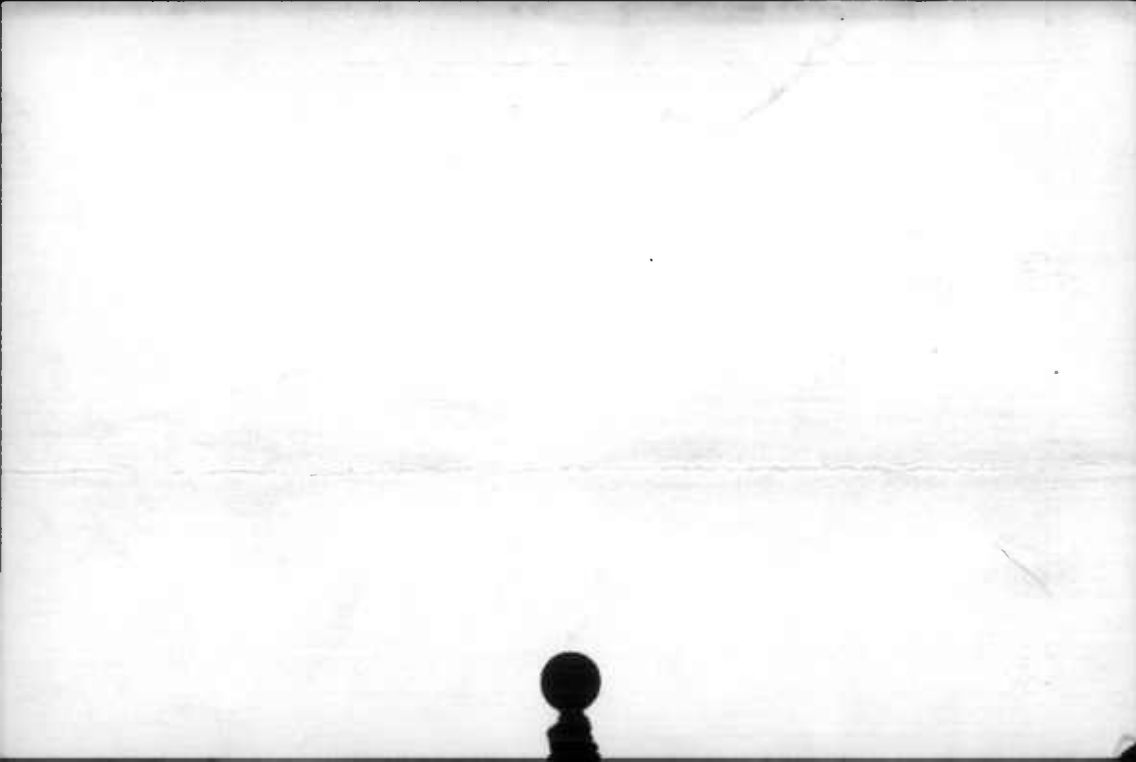
Immediate General Debility 24 hours How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

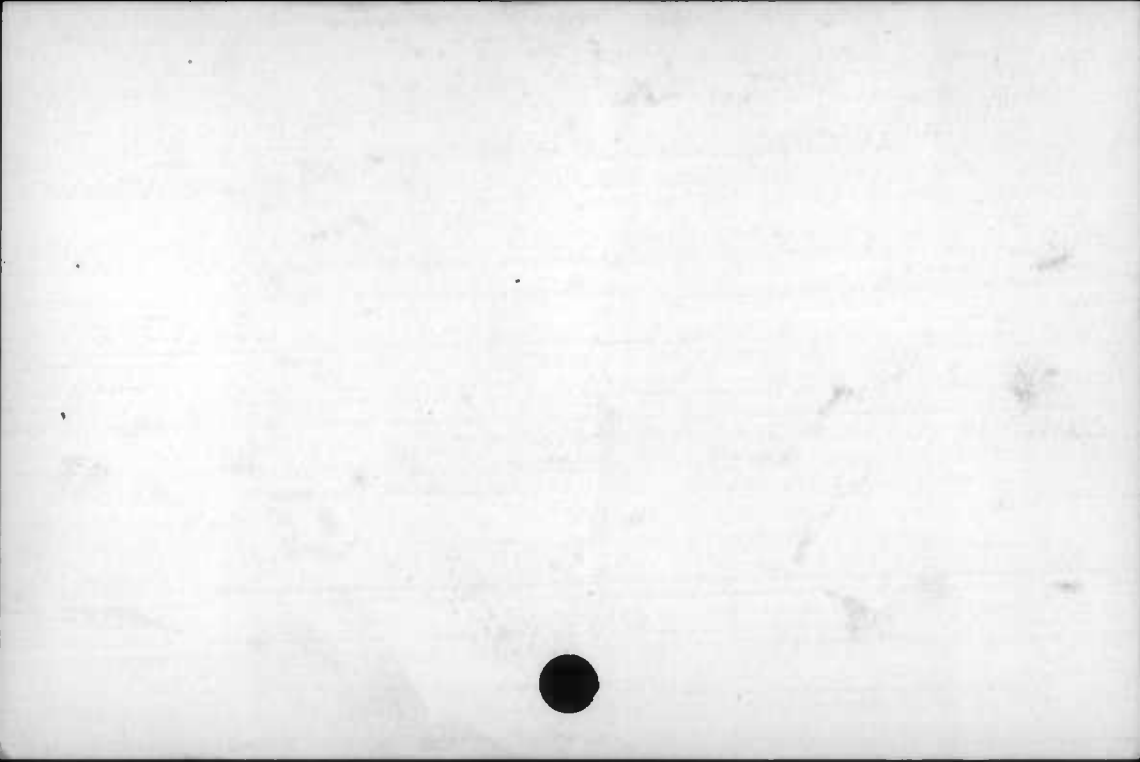
Address

Accident or Suicide

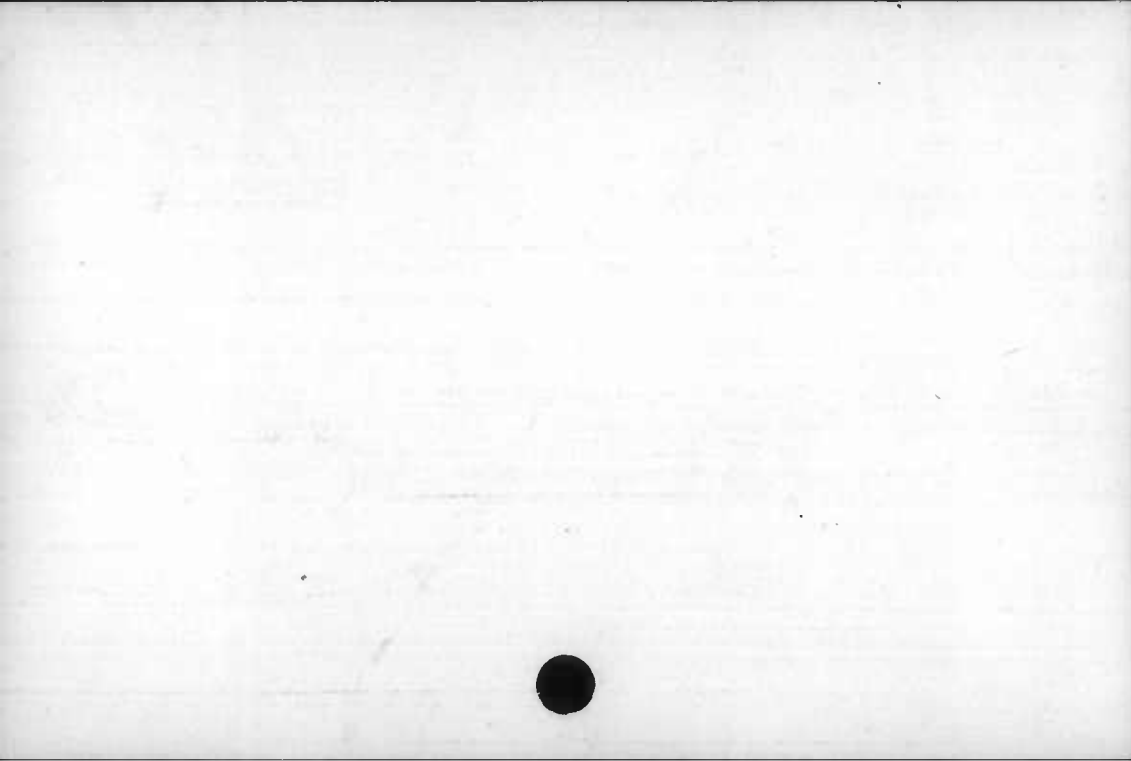
PHYSICIAN
OR CORNER



Name in Full		Moses Miller				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Near Sykesville Carroll County				MARYLAND	
	Date of death	1909	Month Nov	Day 23	Age 80	Months	Days
	Sex	Male		Color or Race	African	Birth-place	W. Virginia
	Occupation	Laborer		Where Residing if not at place of death		At place of death	
	Married, Single or Widowed	Widow		Name of Wife or Husband		Emma Miller	
	Father's Name	Frank Miller?				Father's Birthplace	W. Virginia
	Mother's Maiden Name	Don't know				Mother's Birthplace	W. Virginia
	Name of person giving information	Stephen Miller				How related to deceased	Son
<div>CAUSES OF DEATH</div> <div>79</div>							
PHYSICIAN OR CORONER	Primary	Heart Disease				How long	About 2 mos.
	Immediate	Effort of same				How long	Several days
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Chas. H. Hefner Jr.
	Address	No				Sykesville, Md.	
Accident or Suicide?		No					



Name in Full		Milton H. Beindollar				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Taneytown		County Carroll		MARYLAND	
	Date of death	1909	Month Nov	Day 16	Age 62	Months 8	Days 5
	Sex	Male		Color or Race	White		
	Occupation	Merchant		Birth-place	Taneytown Md		
	Where Residing if not at place of death						
	Married, single or widowed	Married		Name of Wife or Husband	Laura Beindollar		
	Father's Name	Henry Beindollar			Father's Birthplace	Taneytown Md	
Mother's Maiden Name	Mary Buffington			Mother's Birthplace	" Dist		
Name of person giving information	Laura Beindollar			How related to deceased	Wife		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Angina Pectoris				How long	3 days
	Immediate	Paroxysm of Angina Pectoris with Organic Cardiac Paralysis				How long	Instant death
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Chandoe M. Benner M.D.
	Address	Taneytown Md.					
Accident or Suicide?							



Name
in
Full

George W. Riley

CERTIFICATE OF DEATH

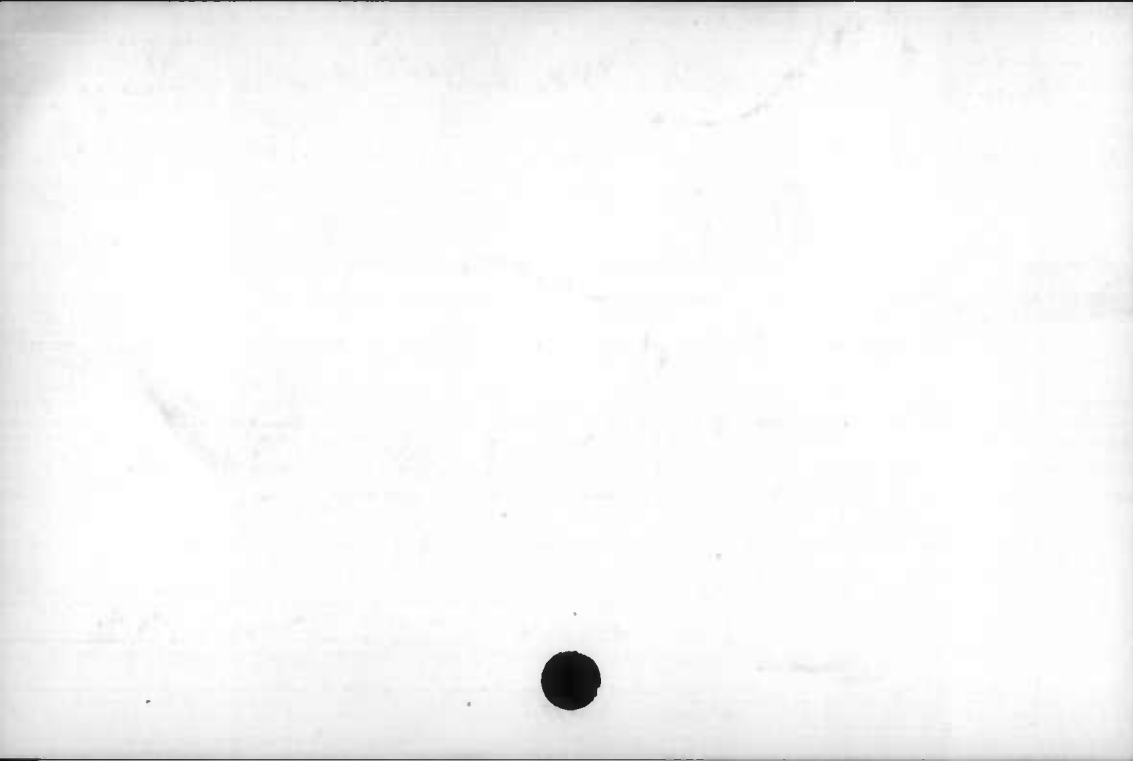
TO BE ANSWERED BY
NEAREST FRIEND

Died at Manchester <small>Town</small>		Carroll <small>County</small>		MARYLAND	
Date of death 1909	Month November	Day 26	Age 28	Months 11	Days 24
Sex Male	Color or Race White	Birth place Manchester			
Occupation Cigar Maker	Where Residing if not at place of death Manchester				
Married, Single or Widowed Married	Name of Wife or Husband Martha Dierck				
Father's Name John Riley	Father's Birthplace Carroll County				
Mother's Maiden Name Mary Krebs	Mother's Birthplace York				
Name of person giving Information Martha Riley	How related to deceased Wife				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Phthisis Pulmonaris	How long 3 years
Immediate Anemia	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Jos. A. Bonnett M.D.
	Address Manchester
Accident or Suicide?	Mad



Name
in
Full

Anna Jane Robertson

537
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Westminster ^{County} Carroll MARYLAND

Date of death 1909 ^{Month} Nov ^{Day} 6 ^{Age} 20 ^{Years} 1 ^{Months} 10 ^{Days}

Sex Female Color or Race White Birth-place Maryland

Occupation Telephone Operator Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Jesse C Robertson Father's Birthplace Maryland

Mother's Maiden Name Eliza J. Buckingham Mother's Birthplace do

Name of person giving information Jesse C Robertson How related to deceased Father

CAUSES OF DEATH

Primary Typhoid Fever How long 3 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

O. M. Sullivan

Address

Westminster Md

Accident or Suicide?

Stone Chapel
Shard

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

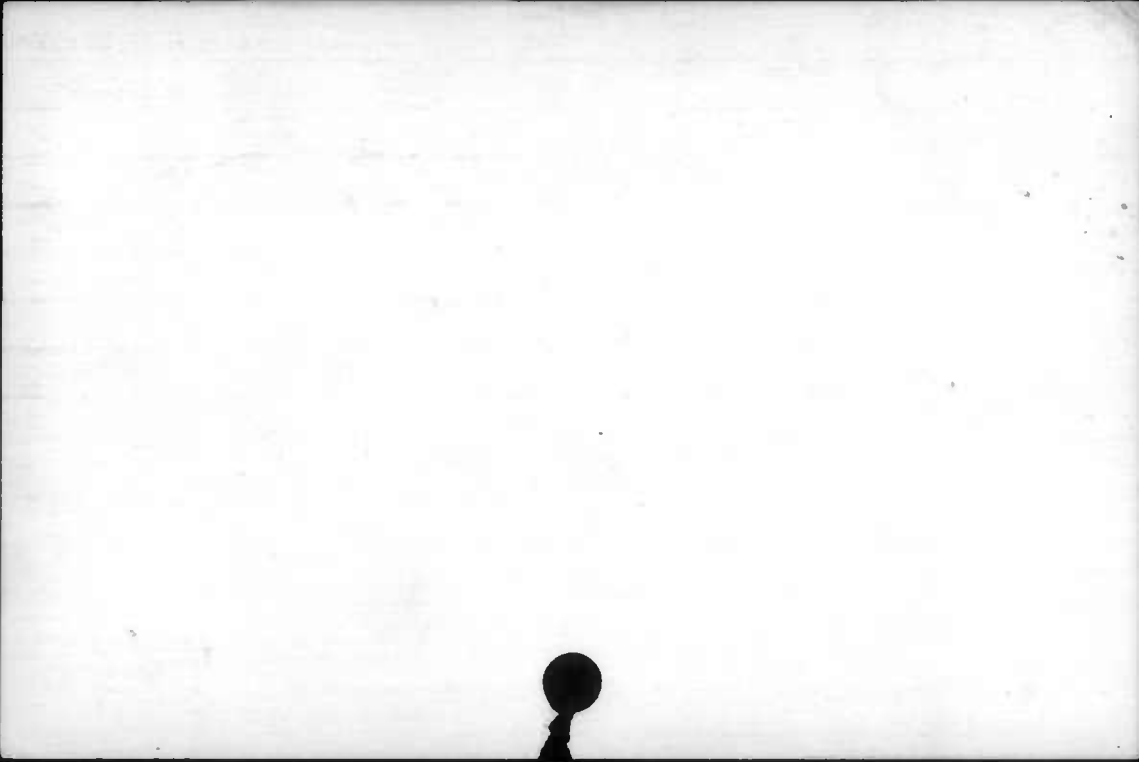
Died at		Town <i>Berrett</i>		County <i>Carroll</i>		MARYLAND	
Date of death		1909	Month <i>Nov.</i>	Day <i>18</i>	Age <i>76</i>	Months <i>3</i>	Days <i>27</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Carroll Co.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>at place of death</i>					
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>Uija Ann Shipley</i>					
Father's Name <i>Eli Shipley</i>		Father's Birthplace <i>Carroll Co. Md.</i>					
Mother's Maiden Name <i>Ursula Carr</i>		Mother's Birthplace <i>Carroll Co. Md.</i>					
Name of person giving Information <i>Matthew Shipley</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary	<i>Inter cranial Tumor</i>	How long <i>3 yrs.</i>
Immediate	<i>Nerve Degeneration</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E D Brink</i>
		Address <i>Winfield Carroll Co.</i>
Accident or Suicide		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Gamber Md Snowden County barroll MARYLAND
Date of death 190 9 Month Nov. Day 6 Age 0 Years Months Days
Sex Female Color or Race Black Birthplace Gamber.
Occupation --- Where Residing if not at place of death ---
Married, Single --- Name of Wife or Husband Tyson Snowden
Father's Name Tyson Snowden Father's Birthplace Finksburg
Mother's Maiden Name Mary Mummuth Mother's Birthplace Resistown
Name of person giving Information Tyson Snowden How related to deceased Father

CAUSES OF DEATH

Primary unknown How long 8
Immediate unknown How long 1
Are the name, age, sex, color, date and place correctly given above? yes
Signature of Physician W. B. Bost
Address Wilmington Md
Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Cartharine Sprossel

Town

County

MARYLAND

Died at Int any Carroll

Date

Month

Day

Years

Months

Days

of death 1909 Nov

5 Age 46

Sex

Color or
Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

27

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary. Warfield* Town *Near Otter Dale* County *Carroll* MARYLAND
Died *Near Otter Dale*
Date of death 1909 *Nov* Month *5* Day Age *76* Years Months Days
Sex *Female* Color or Race *Negro* Birth-place *Copperville*
Occupation *House Maid* Where Residing if not at place of death
Married, Single or Widowed *Single* Name of Wife or Husband
Father's Name *Unknown* Father's Birthplace *Unknown*
Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*
Name of person giving Information *Thaddeus Starr* How related to deceased *Niece*

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary *Old age* How long
Immediate *Grp* How long *3 weeks*
Are the name, age, sex, color, date and place correctly given above? *ye* Signature of Physician *L. Birnie Esq*
Address *Sandy town*
Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph Wolfe
Town County
Died at *Union Bridge* *Carroll* MARYLAND
Date of death 1909 11 14 Age 84 Months 1 Days
Sex *Male* Color or Race *White* Birth-place *Carroll Co*
Occupation *Contractor* Where Residing if not at place of death
Married, Single or Widowed *Married* Name of Wife or Husband *Adeline*
Father's Name *Abraham Wolfe* Father's Birthplace *MD*
Mother's Maiden Name *Sarah Glison* Mother's Birthplace *MD*
Name of person giving Information *Daniel Wolfe* How related to deceased *Brother,*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Acute Indigestion* How long *1 day*
Immediate *Heart Failure* How long
Are the name, age, sex, color, date and place correctly given above? Signature of Physician *James Walt*
Address *Union Bridge.*
Accident or Suicide *MD*



Name
in
Full

Ira L. Young.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Winfield</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND	
Date of death	1909	Month	11	Day	25
Sex	Female	Color or Race	White	Age	—
Occupation	—		Birthplace	Maryland	
Married, Single or Widowed			Name of Wife or Husband		
Single			—		
Father's Name			Dora Young		
Mother's Maiden Name			Gertude Stuen		
Name of person giving information			Dora Young		
Father's Birthplace			Carroll Co. Md.		
Mother's Birthplace			Carroll Co. Md.		
How related to deceased			Father.		
Where Residing if not at place of death			near Winfield Md.		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Premature birth.	How long	151
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. T. Cronk.
		Address	Taylorville Md.
Accident or Suicide?			

Taylorville

Name
in
Full

Anna Mary

Zahn

535
CERTIFICATE OF DEATH

Died at *Frizzleburg* Town

County *Carroll*

MARYLAND

Date of death 1907 Nov 2

Age 67

Months 4 Days 19

Sex *Female*

Color or Race *White*

Birth-place *Germany*

Occupation *Housewife*

Where Residing if not at place of death

Married, Single or Widowed *Married*

Name of Wife or Husband *Jacob*

Zahn

Father's Name *Leonard Null*

Father's Birthplace *Germany*

Mother's Maiden Name *Leont Knorr*

Mother's Birthplace *Germany*

Name of person giving Information *Jacob Zahn*

How related to deceased *Husband*

CAUSES OF DEATH

Primary *Congestion of the Lungs*

95 ✓
How long *2 days*

Immediate *Heart Failure*

How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

M L Batt
Westminster
MD

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

St Benjamin
Cemetery
Storer.

Name
in
Full

Maria Jinson

534
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
near Westminster				Carroll			
Date of death	1909	Month	Nov	Day	1	Age	83
						Months	10
						Days	7
Sex	Female		Color or Race	White		Birth-place	Germany
Occupation	House Wife			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband	Daniel Jinson			
Father's Name	John Bitter					Father's Birthplace	Germany
Mother's Maiden Name	Unknown					Mother's Birthplace	Germany
Name of person giving information	John D. Jinson					How related to deceased	Son

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Old age	How long	84 years
Immediate	Apoplexy	How long	6 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Jas. H. Phippley M.D.
		Address	Westminster Md.
Accident or Suicide?	No		

Sharon
Lower Park.